

**STATE OF KANSAS / DEPARTMENT OF HEALTH AND ENVIRONMENT
WATER POLLUTION CONTROL PERMIT APPLICATION FOR CLAY/ROCK QUARRY OPERATIONS**

Federal Permit Number

Kansas Permit Application Number

The undersigned hereby makes application to discharge wastewater to waters of the state of Kansas pursuant to K.S.A. 65-164 and 65-165.

1. Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Legal: _____

 Qtr Qtr Qtr Section Township Range County

2. Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ E-Mail: _____

3. Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ E-Mail: _____

FAX Number _____

4. Facility Status:

- _____ Active - Existing Mine / Quarry
_____ New Mine / Quarry
_____ Currently Inactive but desire to keep permit active
_____ Other, Explain: _____

5. Briefly describe what operations are or will be on-site (Check all that apply.).

- _____ Crushed Rock Quarry - type of rock _____
_____ Dimensional Rock Quarry - type of rock _____
_____ Asphalt Plant with wet scrubbers for air pollution control
_____ Asphalt Plant with dry air pollution controls such as filter bags, etc.
_____ Construction/Demolition Landfill
_____ Clay Pit
_____ Other - explain _____

6. If a rock quarry, does this facility **wash** the rock?
 _____ Yes, routinely _____ Yes, but only occasionally _____ No _____ Not a rock quarry
7. Will the facility build or substantially rebuild sediment control basins on this site after May 20, 2005 to treat wash water or storm water? If yes, basins must be lined to meet a 1/4"/day or less seepage rate. _____ Yes _____ No
8. How is water used/disposed of at this facility? (Check all that apply)
- _____ Facility does not collect water for re-use or prior to disposal
- _____ Water is recycled back to the process
- _____ Water is allowed to discharge from a settling basin structure
- _____ Water evaporates and percolates through a settling basin structure
- _____ Water is used for dust suppression on roads/quarry area/rock piles, etc.
- _____ Water is used for irrigation of surrounding area
- _____ Other, Describe: _____
9. For each discharge point (Outfalls), describe what processes contribute wastewater to the effluent and what treatment the wastewater receives, if any. Also, provide an estimate of the average daily flow of any process generated wastewater streams. Estimates of quantities of water from springs, seeps, mine dewatering and stormwater discharges are not required, but these discharges, if any, are to be identified on this form.

Example:

| <u>Outfall Number</u> | <u>Type of Wastestream</u> | <u>Treatment</u> | <u>Avg. Discharge Flow</u> |
|-----------------------|----------------------------|------------------|----------------------------|
| 001 | Mine Pit dewatering | None | Not Applicable (N/A) |
| 002 | Washwater | Settling ponds | 20gpd |
| 003 | Stormwater | None | N/A |
| 004 | Stormwater | Settling ponds | N/A |

| <u>Outfall Number</u> | <u>Type of Wastestream</u> | <u>Treatment</u> | <u>Avg. Discharge Flow</u> |
|-----------------------|----------------------------|------------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

10. Outfall Locations:

| | | | | | | | |
|------------|-------|-------|-------|---------|----------|-------|--------|
| Outfall 1: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Qtr | Qtr | Qtr | Section | Township | Range | County |
| Outfall 2: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Qtr | Qtr | Qtr | Section | Township | Range | County |
| Outfall 3: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Qtr | Qtr | Qtr | Section | Township | Range | County |
| Outfall 4: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Qtr | Qtr | Qtr | Section | Township | Range | County |

11. How are domestic (human) wastes handled on-site?

- ☐ No domestic waste is generated at this site
☐ Portable Toilets
☐ Septic Tank and Lateral Field
☐ Wastewater Stabilization Lagoon
☐ Other, Describe: _____

12. Have you completed a stormwater pollution prevention plan for this facility? ____ Yes ____ No

13. Attach to this application a general map of the area which shows the location of the mining operation and the nearest city. Maps can be a county road map, U.S.G.S. or any of various maps obtainable off the internet.

14. Attach to this application a schematic on a 8 ½" x 11" sheet of paper depicting the property or lease boundary lines, quarry area, location of each outfall, drainage pattern and ditches, unnamed tributaries, streams; any pits, settling basins or other treatment facilities, overburden, product and waste stockpile areas, re-cycled water lines and the processing area(s), i.e. crushing and washing operations, if any. Also, show the location of any asphalt plants or construction/demolition landfills if applicable.

15. **PERMIT FEE** : New quarries or the first permit for an existing quarry: Enclose a check for the first year of the annual fee payable to "KDHE-Water Pollution Control Permit". Permittees with existing permits are on an annual permit fee schedule and will be billed at the appropriate time.

Annual Permit Fee:

Asphalt Plant with wet scrubber, Quarry with rock washing , CD landfill leachate discharge- \$320
Quarry (Non-Washing) or Clay/Mineral Mines (dewatering only) - \$60

16. Application Signature

I certify under penalty of law that this document and all attachments were prepared and/or reviewed under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather, evaluate and/or review the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering, evaluating and/or reviewing the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I certify that I am authorized to sign this permit application pursuant to 40 CFR 122.22 as noted below.

Signed: _____

Title: _____

Print or Type Signature

Date: _____

40 CFR 122.22: This application will be signed by the following: (a) in the name of a corporation, by the principal executive officer of at least the level of Vice President; (b) in the case of a partnership, by a general partner, (c) in the case of a sole proprietorship, by the proprietor, and (d) in the case of a publicly-owned treatment works, by the official having responsibility for the overall operations.

Send Application Form to: Kansas Department of Health and Environment
Bureau of Water - Technical Services Section
1000 SW Jackson St. - Suite 420
Topeka, KS 66612 - 1367

If you have questions concerning this subject, please contact Steve Caspers at 785.296.5551 or scaspers@kdhe.state.ks.us